



Family Needs of Patients Admitted to the Intensive Care Units

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Abstract

Background and aims: Organizational support of family members of the patients admitted to intensive care units (ICUs) potentially reduces mental stresses and enables them to better comply with and support the patients. The current study aimed at evaluating the needs of families of the patients admitted to ICUs in teaching hospitals of Iran.

Methods: This cross-sectional study was conducted in 2015 using convenience sampling method. The Critical Care Family Needs Inventory (CCFNI) in 5 factors was used as a main data collection tool. The study population included 235 family members of the patients.

Results: Total score of CCFNI was 132.32 ± 18.46 . Needs of family members of ICU patients decreased 0.428 times following the increase of length of stay in ICU ($P = 0.001$). Moreover, the need for supportive cares was significantly 9.273 times lower among illiterate families, compared with the ones with higher education level ($P = 0.018$).

Conclusion: Considering that the highest need was in the area of support and the predictors of the family needs of the patients were the duration of hospitalization and the educational status of their families, the main focus of nurses should be on the support of family members of the patients admitted to the ICU and supporting and paying attention to their needs, who experience stressful conditions, to satisfy them and even to encourage them to give better care to the patient and help health care staff.

Keywords: Intensive care unit; Family support; Family needs

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Introduction

Health is based on a patient-centered and family-centered system. Open visiting policy is considered as a need for patients and their families in intensive care units (ICUs). Clinical guidelines in many countries recommend open visiting policies for ICUs, according to family-centered care theory.¹

Organizational support of family members of the patients admitted to ICUs potentially reduces mental stresses and enables them to better comply with and support the patients.² Incidence of a physical illness or occurrence of an event usually causes problems for the patient and his/her families. Admission to the hospital and ICU intensifies the crisis since admission to ICU is potentially stressful and is associated with pain, complication in physiological and emotional performances, sleep deprivation, movement and visit limitation.³

On the other hand, anger, distrust, feelings of helplessness

and hopelessness along with lack of knowledge about the disease, fear, concern for the future, fear of losing a family member, and changes in familial roles cause severe stress in the family system and loss of family integrity.⁴

Therefore, patients would directly benefit from any intervention that can reduce such stresses and tensions in the family, since lower stress improves health care and emotional supports of the patients by their families.⁵

Family-centered care is defined as a creative approach in programing, implementation, and assessment of critically ill patients in health care systems and the mutual and helpful interaction among patients, their families, and health care providers. Patient-centered and family-centered care is applicable in all age groups and medical environments.⁶ Although patient-centered care is a part of nursing care since 1970, role of the family in providing support, help and care for the critically ill patients has been highlighted in recent years.⁷ Since 1960, by the rapid development of technology,